

## Part II Preliminary Justification

### General Information

Highmark Blue Cross Blue Shield Delaware Inc. (Highmark Delaware) has filed an average rate change of -1.61% for 2021 ACA-qualifying small group plans renewing with effective dates from January 1, 2021 through December 31, 2021.

### Summary

The -1.61% average rate change was measured across renewing benefit plans with renewal effective dates in 2021. The average renewing plan specific rate increases range from -4.07% to -0.16%.

The exact premium change for a small group will depend on their effective date, the plan design they choose, as well as the age composition of the employees and dependents covered on the effective date in 2021.

The rate increases will impact approximately 22,207 members in the small group market.

For calendar year 2019 for its small group market ACA products, Highmark Delaware collected \$172.2 million in revenue and incurred expenses of \$123.6 million in claim costs and \$21.8 million in administrative expenses, taxes, and fees for an operating margin of approximately \$26.8 million. The proposed rate change is expected to result in a medical loss ratio over 80% as required by law.

The Total Proposed Rate Change is broken down into the following categories of increases and decreases:

Factor	Rate Change
Base Claims Experience	0.29%
Change in Projected Risk Adjustment	-1.56%
Projected Prescription Drug Rebates	-1.67%
Claim Trend Changes	-1.58%
Retention (Admin, Taxes, Fees, and DE HB 193)	-1.84%
Change in Morbidity (Population Health)	3.53%
Change in Plan Designs	-0.40%
Change in Mandates	-0.30%
<u>COVID Impact</u>	<u>2.04%</u>
<b>Total</b>	<b>-1.61%</b>

The proposed average rate change for renewing plans is -1.61% as shown above.

The factors contributing to the rate change approximate the breakdown of each category's impact on the overall rate change. The average rate change can be derived by multiplying the percentages in the table together as factors.

#### **Reason for Proposed Rate Change (Increase/Decrease)**

The primary driver of the rate change is ensuring that 2021 premiums adequately cover the anticipated provider claim costs and member utilization of benefits for the insured population in 2021.

The cost of medical and prescription drug services increases annually due to higher demand for services by the members (utilization) and higher reimbursement required to maintain our provider network (unit cost). Changes in benefits and the expected impact of those benefits on Highmark Delaware's insured population also impact the requested rate change.

The assessment for the ACA Individual Market Reinsurance program enacted in Delaware House Bill No. 193, a change in the population morbidity, and the impact of COVID-19 on 2021 claim levels have increased rates. These increases are being offset by a reduction in claims trends, an expected receipt from the federal risk adjustment program, a reduction in administrative costs, taxes and fees, and savings due to a better arrangement with our pharmaceutical benefit manager, to arrive at the net decrease in rates proposed.

#### **Effect of the Average Proposed Rate Change (Increase/Decrease) on Policyholders**

The 2021 average rate change will not apply uniformly to all plans. Rate increases will vary by plan and effective date in 2021 due to the inclusion of quarterly rate changes in the small group market. The rates will also vary by plan due to benefit adjustments and metal level changes that were made to maintain a metallic value (Platinum, Gold, Silver, and Bronze) in 2021 while remaining competitive in the small group ACA marketplace. Additionally, the out of pocket maximum was increased to keep up with the rising cost of health care. Highmark Delaware will renew all benefit plans from the 2020 portfolio which will result in a portfolio that will contain a total of 38 plan designs across all four metal levels (Platinum, Gold, Silver, and Bronze). The -1.61% average rate change was measured from the benefit plans available in 2020 that will continue to be offered in 2021.

#### **Medical Loss Ratio (MLR)**

The anticipated medical loss ratio is 83.9% relative to total premium less taxes and fees and spending to improve the quality of health care. This loss ratio is calculated consistent with the federally prescribed MLR methodology, which is above the 80% threshold required by law.

Highmark Delaware continues to focus efforts on care management activities in order to lower the future medical cost for its members. Clinical teams, led by experienced doctors and nurses, analyze claim data to identify opportunities for more efficient care delivery and lower medical cost trends.

As health care continues to evolve, Highmark Delaware remains committed to providing a variety of product offerings to meet the needs of small employers.